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ABSTRACT

A research study assessed whether health-related agencies and organizations in Regina, Saskatchewan, Canada, were willing to use trained older adults as volunteer health promoters, mentors, and tutors working with other seniors, despite the fact that no other programs in the Regina Health District specifically used older adults in these roles. A questionnaire survey was developed and used for personal interviews with representatives from 59 Regina Health District agencies and organizations; 53 interviews were entered into the "Statistical Program for the Social Sciences" as data and results were analyzed. Results were as follows: 91 percent of interviewees were interested in using the services of trained volunteer health promoters; 71 percent wanted facilitation with other seniors on how to stay healthy while aging; 67 percent wanted to have trained volunteers to help with other older adults learn about and cope with specific diseases; 64 percent wanted to use the services of trained peer counselors; 64 percent wanted to have trained volunteers lead exercise groups; and 69 percent wanted participants to have a course certificate. Respondents expressed interest in participating in program design, teaching a session, or being resource people. Phase 2 was planned to develop, implement, and evaluate 2 semesters of course work. (Appendixes contain a list of participants, instrument and results, and 18 references.) (YLB)

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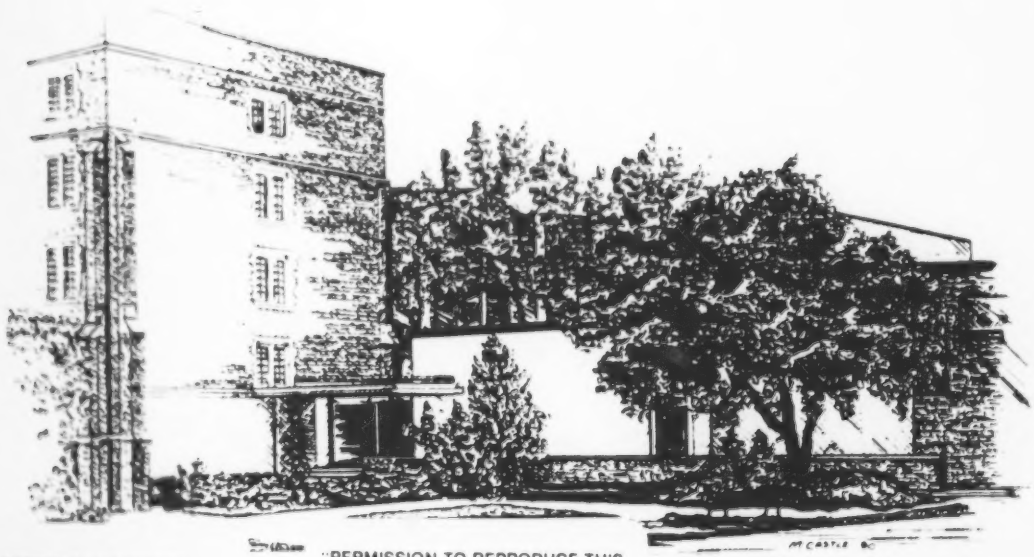
Seniors' Education Centre

Seniors Serving Seniors: Volunteers Promoting Healthy Aging Project

Feasibility Study Report



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Seniors Serving Seniors:
Volunteers Promoting Healthy Aging Project

Feasibility Study Report

An Outreach Project of the Seniors' University Group Inc.

Seniors' Education Centre
University Extension
University of Regina
Regina, Saskatchewan
May 1995

Project Coordinator
Cathy Ellis

Acknowledgements

I would like to acknowledge with appreciation the important contributions of the members of the Seniors Serving Seniors working group. The working group members were excellent researchers, and broke new ground for older adults in participatory research.

The consultants at the Faculty of Social Work, Arvey Hanowski and Dr. Laura Taylor, were of great assistance in the preparation of the research instrument. Dr. Taylor's experience and help in data entry and analysis was appreciated.

The working group of Seniors Serving Seniors is grateful for the assistance from staff at the Seniors' Education Centre, University Extension, University of Regina.

I would like to thank Dr. John Oussoren, Director, Heather Cosman and Mitzi Krasilowez, Ruth Blaser, Diane Mullan, Darla Goettler, Holli Bjerland, and Stan Vindevogel, my supportive colleagues at the Seniors' Education Centre.

Cathy Ellis, project coordinator

Working group members:

Marion Brown
Bob Ellis
Arvey Hanowski
Dr. Pat Hutchison
Irene Lodge
Norm Lorenz
Wilma Matheson, project chairperson
Dr. John Oussoren
Bill Spence
Mary Weber
Marjorie Wesson
Cathy Ellis, project coordinator

We remember fondly Palma Anderson, another working group member, who passed away during the duration of the project.

We acknowledge funding for the Feasibility Study (Phase 1) from New Horizons, Health Canada.

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Executive Summary

Background

The Seniors Serving Seniors: Volunteers Promoting Healthy Aging project was initiated in 1993 by a group of older adults, ages 55 and over, of the Seniors' University Group Inc. and staff at the Seniors' Education Centre, University Extension, University of Regina. The Seniors' University Group is the volunteer, membership-based decision-making body within the Centre.

Project Goals

The project objective was to utilize older adults in the health field to meet community needs and to provide fulfilling volunteer activities for older adult learners. Currently, there are no programs in the Regina Health District which specifically use trained older adults as health promoters, mentors or tutors with their peers. The volunteers in this project could be volunteers with agencies and organizations who would like to expand their training and responsibilities. Volunteers will be recruited from the public at large as a result of publicity from this research project. Older adults may also be recruited from the Seniors' University Group, Inc. membership at the Seniors' Education Centre.

Other Programs Using Older Adults as Peer Health Promoters

Currently, there are no programs in the Regina Health District which specifically use older adults as health promoters, mentors or tutors with their peers. In other jurisdictions, older adults have been trained to work as peer educators around heart health issues (in Finland, Rhode Island, Minnesota, and in urban older adults housing complexes in other American states).

Methodology

The Seniors Serving Seniors applied research study, carried out by a working group of nine older adults and project support staff, assessed whether Regina health-related agencies and organizations were willing to use trained older adults as volunteer health promoters, mentors and tutors working with other seniors.

The working group, project coordinator and consultants designed a questionnaire survey and participated in the interview process. Personal interviews with

representatives from 59 Regina Health District agencies and organizations were carried out between November 1994 and February 1995. Fifty-three interviews were entered into the "Statistical Program for the Social Sciences" (S.P.S.S.) as data and the results were analyzed. The study identified areas in which agencies and organizations thought they could use trained volunteers. Specific curriculum elements were also identified.

Feasibility Study Results

The results of the feasibility study showed strong interest in the project. Ninety-one percent of those interviewed would use the services of trained older adults as health promoters or health educators, peer counsellors, mentors, or tutors with their peers.

Some of the results are presented here. Please refer to Appendix 4 and Appendix 5 for graphs and charts of research results.

- 91% of the agencies and organizations surveyed were interested in using the services of trained volunteer health promoters;
- 71% wanted facilitation with other seniors on how to stay healthy while aging;
- 67% of agencies wanted to have trained volunteers to help other older adults learn about and cope with specific diseases;
- 64% of agencies wanted to use the services of trained peer counsellors;
- 64% of agencies wanted to have trained volunteers lead exercise groups;
- 62% of agencies wanted trained volunteers to provide clients with help in advocacy;
- 55% of agencies wanted trained older adults to provide nutritional information to clients;
- 40% wanted trained volunteers to provide support for elder abuse victims;
- although many agencies and organizations did not deal with direct client care, 36% wanted to use the services of trained health promoters in short-term respite care.

Many (69%) agencies wanted participants to have a course certificate; 44% wanted them to have a driver's license.

Agencies and organizations expressed a strong interest in participating in program design. Many respondents said they would teach a session or be resource people in their areas of expertise.

Of the agencies surveyed, 82% said they would be resource people for the project and 73% said they would lend materials. Sixty-nine percent said they would help design the program; 67% said they would teach a session in their area of expertise; and, 57% said they would lead a series of seminars.

Agencies generously offered to share resources: 69% said they could give supervision to volunteers in their agency; 49% had office space for the volunteers to use; and, 49% said they would provide supplies. Only 14% said they could pay travel expenses for the volunteers.

Seniors Serving Seniors has secured funding for Phase 2 of the project which involves the development, implementation and evaluation of two semesters of course work. The working group will consult with the agencies and organizations who were interested in participating in the curriculum design and teaching.

One module of 10 weeks will focus on health education components, including heart health and building a healthy community. The other 10-week module will focus on peer counselling and support.

For more information on the project, or to receive a complete copy of the report ($4.00 includes postage, tax and handling), please contact:

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PHASE 1: The Feasibility Study

(July 1994-February 1995)

Introduction

The objectives of the feasibility study were:

1. To determine if a trained volunteer program would be useful and acceptable in the Regina Health District.
2. To collect some selected information about similar projects in other jurisdictions.
3. Through the questionnaire survey, to determine some topics to be included when designing the curriculum.
4. Through consultation and survey results, the working group would make recommendations for various aspects of the training program.

Background

The project was initiated by a small group of older adults: Bob Ellis and Wilma Matheson, together with the director of the Seniors' Education Centre, Dr. John Oussoren, University Extension, University of Regina. They thought that seniors could play a more important role in community health. A project working group was established in May 1994, supported by Cathy Ellis, Project Coordinator.

More than 30,000 people between the ages of 55 and 75 are now living in the Regina health district. Many of these people are retired and could, through the proposed volunteer health promotion program, make a useful contribution to other older adults in their community.

Seniors Serving Seniors is based on the heart health project model which uses volunteers as health educators for primary prevention for heart and stroke disease. Examples of these projects include: the Pawtucket Heart Health Project in Rhode Island (Roncarati D, Lefebre R, Carleton R, 1989), the North Coast Cholesterol Check Campaign in Australia (Henrikson D, James R, Ash S, 1990), the North Karelia project in Finland (McAlister A, Puska P, Salonen J et al, 1982), the Minnesota Heart Health Program (Mittlemark M, Jacobs D, Carlaw R, 1986), and a heart disease prevention project with older adults in Florida (Rose M, 1992).

The project is based on the philosophy that older adults continue to be lifelong learners, and that they can serve as the tutors, mentors, and leaders in their

society. The working group also recognizes that volunteers can be trained to be effective health educators and promoters to work with their peers. This philosophy has been found to be quite successful in the province of British Columbia with *Senior Peer Counselling of B.C.* (Wheeler P, Carr R, 1993), as well as in the heart health projects previously mentioned.

The Seniors Serving Seniors working group proposes to establish a pilot project in the Regina Health District which could be a model for other health districts in Saskatchewan and beyond.

Gaps in Services

The Seniors Serving Seniors working group recognizes that gaps exist in the Saskatchewan health system. One gap is in health education specifically for older adults in the areas of wellness, maintenance of optimum health and disease prevention. Other gaps include the peer models of support and development of groups which use volunteers to carry out health promotion and disease prevention interventions (Hall N, 1994).

Models exist which use peer counselling and support to try to reduce isolation and to increase coping skills of at-risk seniors. Examples include the *Friendly Visitor Program* in Winnipeg, which pairs volunteers (most of whom are older adults) with isolated seniors, the *Senior Peer Helping Program* of "Connecting Seniors" in Toronto (Samuels S, 1992) and the *Senior Peer Counselling of B.C.* project (Wheeler P, Carr R, 1993).

For many older adults, the advice and support of another senior who has had many of the same life experiences is the most accepted and successful approach to promoting healthy aging. The use of peer counsellors within Regina district health agencies could reduce the isolation of, and provide preventative mental health intervention for, many at-risk seniors in our community.

One member of the working group, Dr. Pat Hutchison, comments on the Seniors Serving Seniors project,

> "As a former medical health officer, I welcome the interest being expressed by the general public and agencies in health promotion and maintenance. Therefore I supported a project which aimed to assess the feasibility of

training volunteer seniors to work cooperatively with official health agencies in promoting good health. The enthusiastic response of many of our agencies naturally leads to the next step of planning, funding and establishing a suitable training program."

Other Programs Using Older Adults as Health Promoters

A literature review and contacts made by working group members confirm that there are a number of successful programs in the area of older adult peer educators. The programs which had used volunteer health educators (some of whom were, specifically, older adults), in the heart health area (reducing cardiovascular risk for heart attack and stroke) included those in Rhode Island (Roncarati et al, 1989), Minnesota (Mittelmark et al, 1986), Florida (Rose, 1992), Pennsylvania and California (Pancer, Nelson, 1990), Australia (Henrikson et al, 1990), and North Karelia, Finland (McAlister et al, 1982).

Evaluation in several of these programs showed the positive results of health education on arthritis and nutrition, and disease prevention around cardiovascular disease.

There are a number of peer counselling projects involving older adults across Canada. These include *Senior Peer Counselling of B.C.* (Wheeler P, Carr R, 1994), with 32 groups around the province. Peer counselling programs in British Columbia have been in place since 1984 to help older adults deal with physical and emotional stress caused by a decline in physical and mental abilities, death of a spouse, loss of status, and isolation. Older adults who face these problems are more likely to turn to other seniors who share similar backgrounds. British Columbia's peer counselling programs were evaluated recently, and were found to have been effective in providing emotional and practical help, as well as in reducing health costs through the use of trained volunteers and improved referrals (Wheeler P, Carr R, 1994). High satisfaction among older adult volunteers was also evident.

Training guides for seniors who wish to become Senior Peer Counsellors are also available (Carlow G, 1994). As well, Age and Opportunity Elder Abuse Resource Centre in Winnipeg has produced a manual called "Peer Support Volunteer Training Program" (Case M, 1992) to provide support to elder abuse victims. A *Peer*

Helping Program for Blind and Visually Impaired Seniors was developed by the C.N.I.B. Ontario Division (Miller et al, 1994).

Members of the working group read about the *Fully Alive* program in Calgary, Alberta, as well as the *Synergy II* project. The *Fully Alive* project has manuals for seniors to conduct health education classes for other seniors. *Synergy II* is an elder abuse project which uses peer counsellors to provide an important role in treatment and follow-up by providing advice and support to abused seniors (McKenzie L, 1992).

Connecting Seniors of Canada is a health promotion vehicle for seniors affiliated with the Centre for Studies of Aging, University of Toronto and the Ontario Community Support Association. The project involves sharing experiences and mutual support. *Connecting Seniors of Canada* has a video and manual available to use in a course with seniors (Samuels S, 1988).

The Seniors Serving Seniors working group also communicated with the Frederick Mental Health Association in Fredericton, New Brunswick, where a friendship program modelled after the *Big Brother* program, and the American *Compeer* program (a type of peer support program). In Winnipeg, the *Age and Opportunity* program offers a friendly visitor program for seniors aimed at alleviating isolation. Volunteers are matched with a peer. They visit once a week for a couple of hours.

Existing Roles of Older Adults in the Regina Health District

The Regina Health District's population chart for 1993 shows that in Regina and district there are approximately 40,000 older adults (ages 55 years and older). Within this group, there are about 30,000 people 55-75 years of age. Many older adults have time, energy and skills from their years of work in and outside the home. Some of these older adults have chosen early retirement. Others are over 65 years of age and in good health. Age is not a handicap, and many healthy older adults can contribute to their well-being and the well-being of others. These older adults want to do useful, meaningful and interesting volunteer work, and want to feel that they are still able to make a contribution to society.

Initial meetings with Regina organizations and agencies indicated that volunteers are used in various health-related tasks and functions. In most cases, agencies do their own training and orientation. Although the volunteers used are not all older adults, many of those who form the volunteer work force are over 55 years of age. The feasibility study was designed to see how health-related agencies could use the services of trained older adults as health promoters to work with their peers.

Community Participation in Health

Health promotion in Saskatchewan and in the Regina Health District requires co-ordinated action by health professionals, government, social, and non-government, and voluntary agencies to enable people to achieve their fullest health potential. Partnerships between community groups, health professionals and health institutions can increase the health of a community.

Programs which draw on existing human and material resources in the community to increase self-help and public participation in health are important in health promotion. The continuing development of personal skills enables people to learn throughout life, and to prepare themselves to cope with changes in social and health conditions.

A community-based program of trained volunteers to work in the health sector could be a major step forward in contributing to health promotion in the community.

Research Methods

Founding project group members established a working group of older adults with experience in various aspects of health care. The project working group of 10 older adults and some support staff made up a list of the Regina Health District agencies and organizations which were health-related (including housing, mental health, fitness, disease prevention, advocacy, and other areas). When the survey list was complete, several members of the working group called the manager or executive director of each agency or organization, and asked if they worked with older adults, and, if so, if we could send them information on the research project.

A questionnaire survey was developed by the working group, with assistance from Dr. Laura Taylor, Associate Professor, Faculty of Social Work, University of Regina.

Research Instrument

The questionnaire survey instrument was designed by the Project Coordinator, with input from other Seniors' Education Staff, Dr. Laura Taylor and members of the working group. The questionnaire was designed with background information from other projects in health promotion with seniors in other jurisdictions. Information was also collected from a number of needs assessments on older adults (Sarkar I, 1991; Mish J, 1992; Seniors Citizens' Provincial Council, 1988; Saskatchewan Seniors Mechanism, 1994).

The working group met to discuss the format of the interview and the explanation and clarifications to be given to ensure uniformity in the survey implementation.

The working group divided up the list of agencies and organizations, and called each one to see if they had read the information on the research project and if they would be interested in participating in the project. In some cases, working group members were referred to the volunteer coordinators of the agency. If they were interested, the first few questions were asked over the phone. Based on the response to the question, "Do you think that your agency would be interested in using the services of trained older adults as volunteers to work with their peers?" appointments were set up to complete the questionnaire. This gave working group members an opportunity to meet with volunteers coordinators, managers, and executive directors personally, and to complete the survey form.

The questionnaire surveys, administered by project working group members, were completed between November 1994 and early February 1995. Fifty-nine agencies and organizations were originally contacted to participate in the study. Several publicly funded institutions outside of the city of Regina, but within the Regina Health District, were included. Fifty-three interviews were completed and entered into the "Statistical Program for the Social Sciences" data base. Data analysis was carried out.

Appendix 3 contains a list of all the agencies and organizations that participated in the study.

Phase 1 of *Seniors Serving Seniors: Volunteers Promoting Healthy Aging* was an eight month project funded by New Horizons, Health Canada, and supported by the Seniors' University Group, Inc.

Results of the Feasibility Study

The results of the feasibility study showed strong interest in the project. Some of the results are presented here. Please refer to Appendix 4 and Appendix 5 for additional information on research results.

- 91% of the agencies and organizations surveyed were interested in using the services of trained volunteer health promoters;
- 71% of all agencies and organizations surveyed wished to have older adults trained as health educators;
- 67% of agencies wanted to have trained volunteers to help older adults learn about, and cope with, specific diseases;
- 64% of agencies wanted to use the services of trained peer counsellors;
- 64% of agencies wanted to have trained volunteers lead exercise groups;
- 62% of agencies wanted trained volunteers to provide clients with help in advocacy;
- 55% of agencies wanted trained older adults to provide nutritional information to clients;
- 40% wanted trained volunteers to provide support for elder abuse victims;
- 38% thought that senior volunteers could help with light homemaking and repairs;
- 36% of agencies needed help from the trained volunteers to meet literacy needs;
- 15% said they could use the services of trained group facilitators;
- although many agencies and organizations did not deal with direct client care, 36% wanted to use the services of trained health promoters in short-term respite care, and 22% needed help with palliative care.

Of the agencies participating, 69% wanted participants to have a course certificate and 44% wanted them to have a driver's license. Forty-two percent wanted the participants to have a basic first aid certificate, and 33% wanted the volunteers to have Cardiopulmonary Resuscitation (C.P.R.) training. Only 13% of the agencies and organizations thought the volunteers should have computer skills.

Agencies and organizations expressed a strong interest in participating in various aspects of program design, teaching sessions and being resource people in their areas of expertise.

Of agencies participating, 82% said they would be resource people for the project and 73% said they would lend materials; 69% said they would help design the program; 67% said they would teach a session in their area of expertise; and 53% said they would lead a series of seminars.

Agencies generously offered to share resources: 69% said they could give supervision to volunteers in their agency; 49% had office space for the volunteers to use; and, 49% said they would provide supplies. Only 14% said they could pay travel expenses for the volunteers.

Fifty-five percent of agencies said they could use up to nine trained volunteer health promoters, and 17% of respondents could use up to 20 trained volunteers. Four percent wanted to have between 30 and 60 volunteers from this health promotion program to work in their agency. Twenty-five percent of the agencies did not know how many volunteers they could use. Most of those surveyed would like each volunteer to work a half day per week.

Health Promoters Program

Based on research findings from the feasibility study, the proposed training program would be designed to be implemented in two separate modules during two semesters at the Seniors' Education Centre.

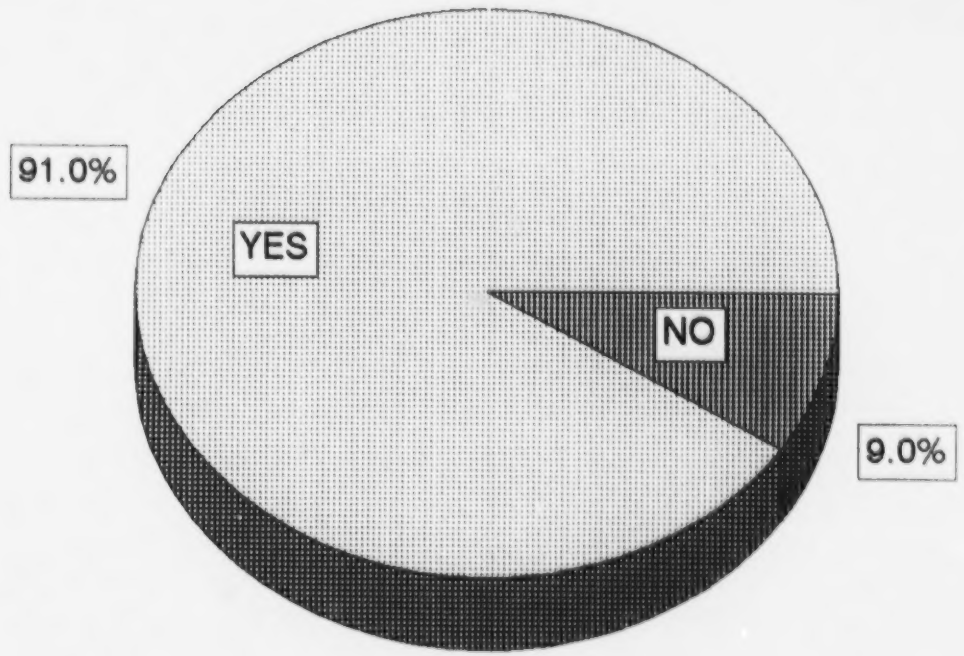
The required training will be designed in close collaboration with the working group and appropriate agencies and organizations and will be carried out by the Seniors' Education Centre at the University of Regina. (Please refer to Appendix 4 to see the results of the ranking of the curriculum components.)

Since there is already an excellent palliative course for volunteers in the Regina Health District, this content would not be included in the proposed curriculum except for one session describing palliative care and giving information on the course offered through Palliative Care of Regina. This short session might help

volunteers decide whether to take the palliative course when they are finished the health promotion course.

To avoid duplication, services for home repairs and maintenance would not be a priority in this project. The Senior Citizens Service of Regina is providing a service for seniors in this area.

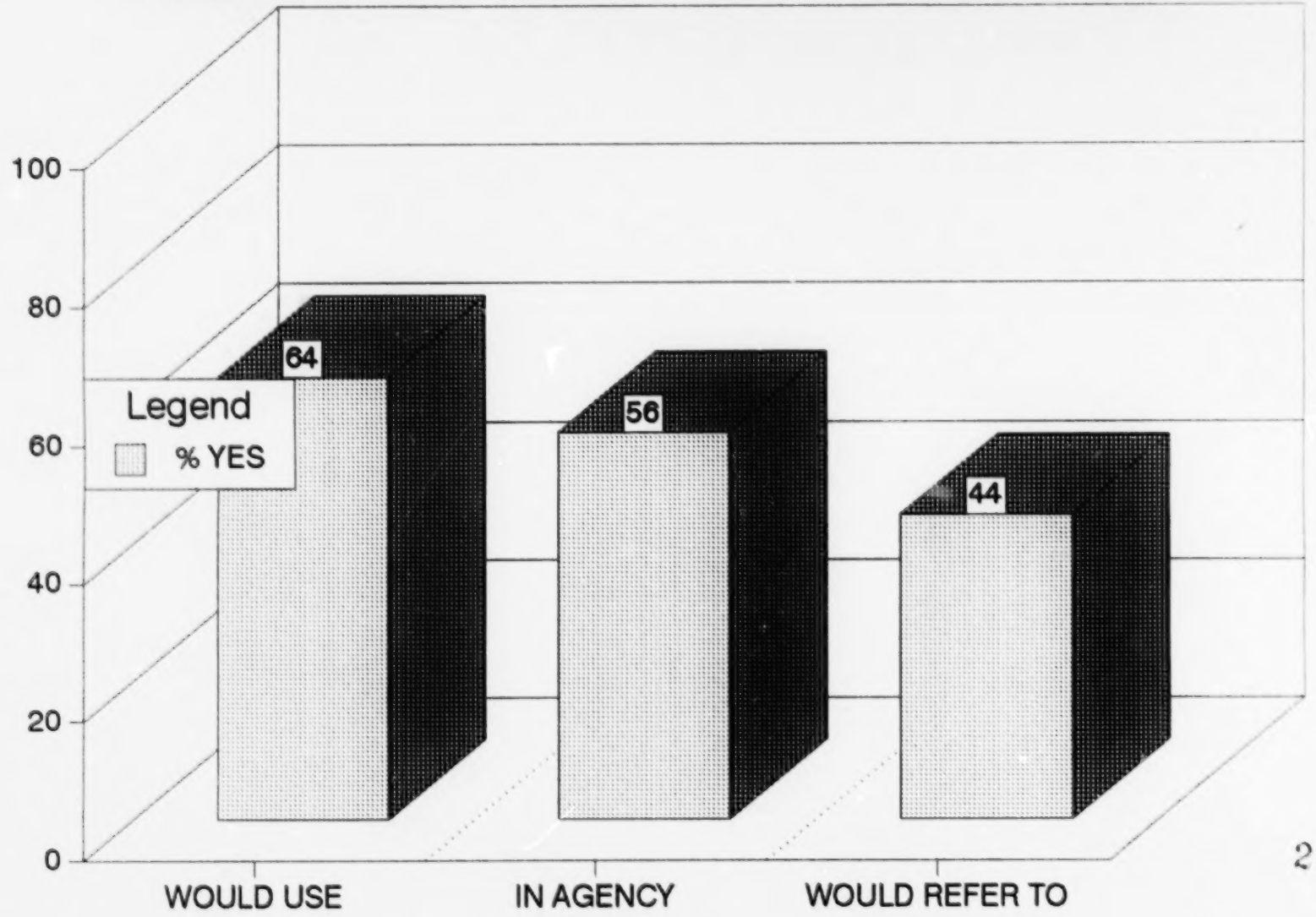
AGENCIES INTERESTED IN THE PROJECT



IDENTIFIED USES FOR VOLUNTEERS

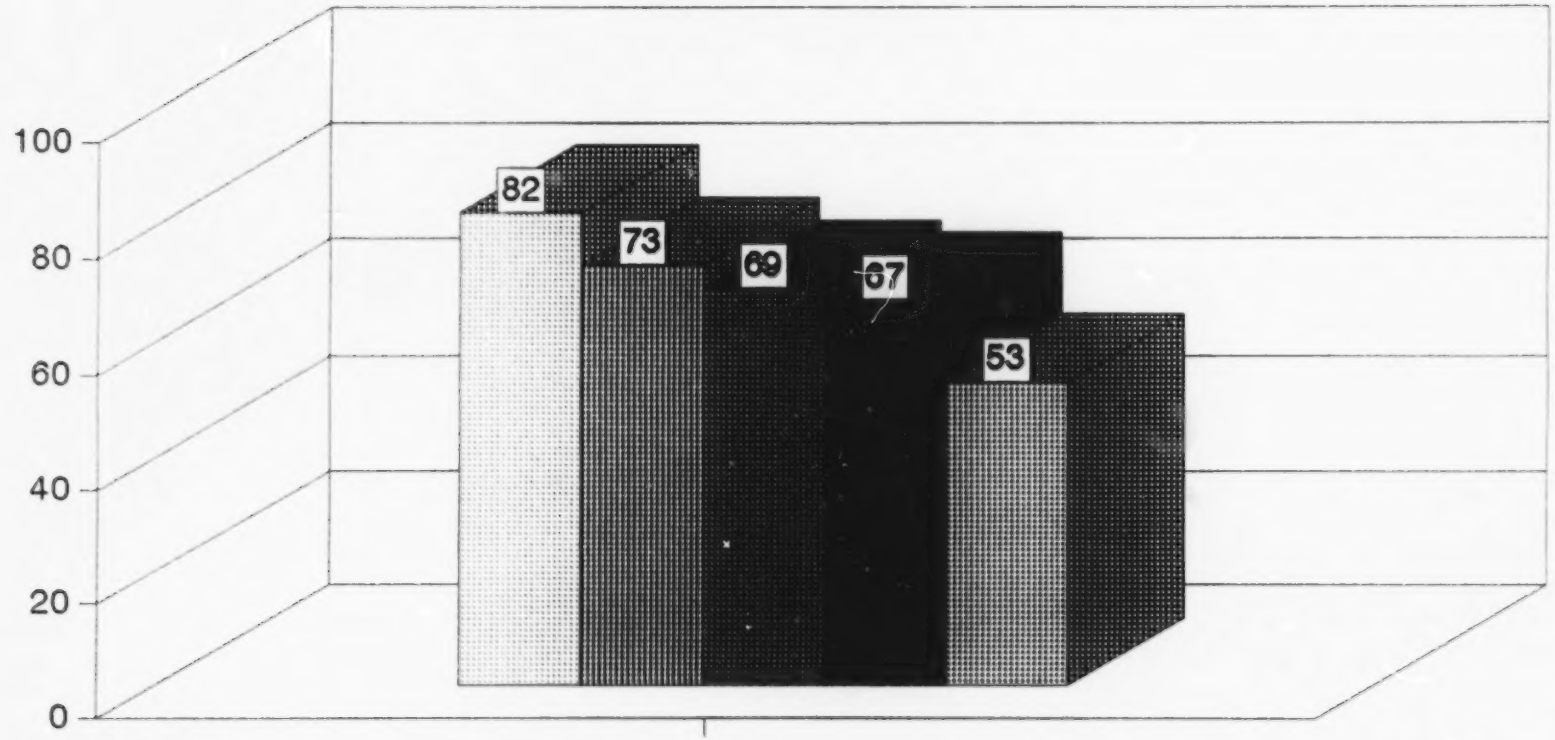
	Percentage
Health Education	71
Coping with Illness	67
Peer Counselling	64
Leading Exercise Groups	64
Providing Transportation	64
Advocacy	62
Information on Nutrition	55
Elder Abuse	40
Homemaking/Repairs	38
Help with Literacy Needs	36
Provide Respite Care	36
Provide Palliative Care	22
Group Facilitation	15

WILLINGNESS TO USE PEER COUNSELLORS



AGENCIES WILLINGNESS TO BE INVOLVED

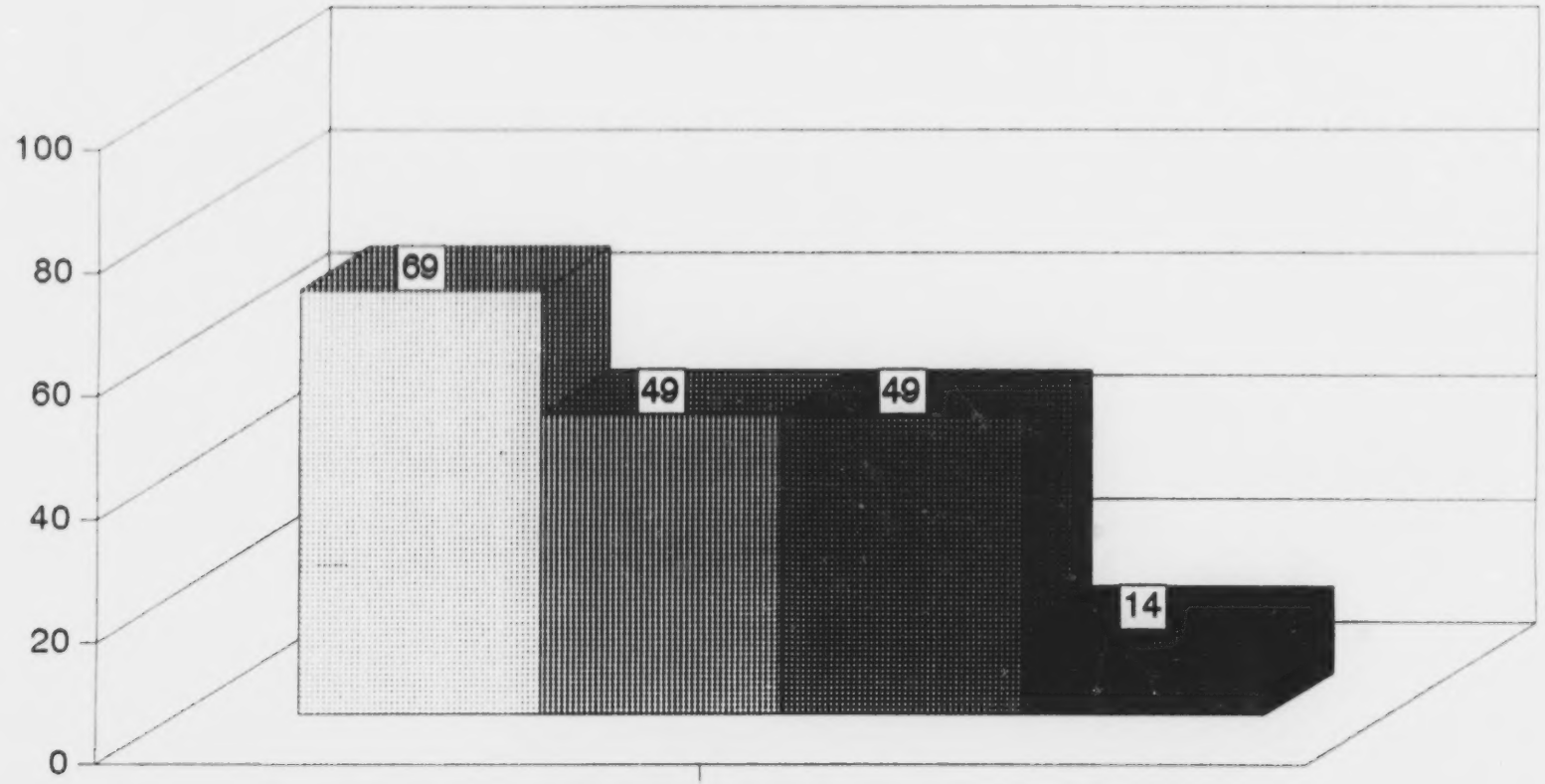
Percent YES



Resource Person	82
Lend Materials	73
Program Design	69
Teach a Session	67
Lead a Series of Seminars	53

AGENCIES: WILLINGNESS TO SHARE RESOURCES

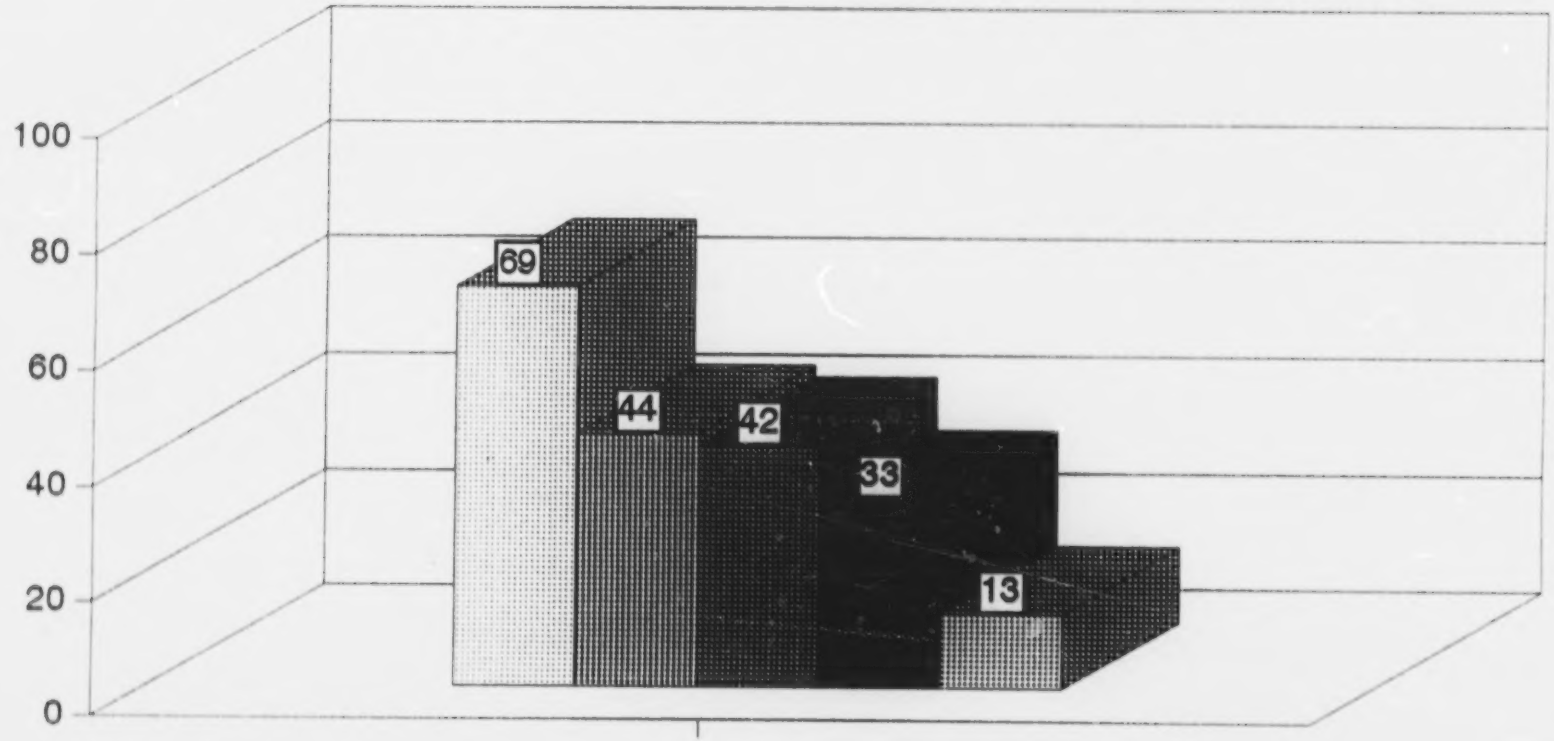
Percent YES



Supervise Volunteers	69
Provide Office Space	49
Provide Supplies	49
Provide Travel Expenses	14

Additional Qualifications Requested by Agencies

Percent YES



Course Certificate	69
Driver's License	44
First Aid Certificate	42
CPR Certificate	33
Computer Skills	13

Phase 2: Implementation of the Project

Seniors Serving Seniors project volunteers and staff have secured funding to implement the project using the strong directives gathered in the community-based research in Phase 1.

The working group will consult with the agencies and organizations who were interested in participating in the curriculum design and teaching.

Phase 2 consists of:

1. A series of consultations, with agencies and organizations who have indicated strong interest in the project, would be carried out to determine curriculum requirements. Consultations would take place in the form of personal meetings and focus groups, where topics of volunteer involvement and training would be discussed.

2. Older adults to be trained as health promoters will be recruited from the 800 person membership of the Seniors' University Group, through the Seniors' Education Centre calendar, through presentations in other seniors' centres, and from city-wide advertisements and public service announcements via the media. The working group will produce a pamphlet to distribute within the health district to advertise the training course. Some older adults have already asked to take part in the training program.

3. The training course will include key curriculum elements which were identified in the feasibility study (Phase 1). One module of 10 weeks will focus on health education components, including heart health and building a healthy community. The other 10-week module will focus on peer counselling and support.

4. Evaluation and dissemination of the training course will be carried out. The agencies utilizing the skills of the trained volunteers will be part of the evaluation and feedback process in the months after the volunteers are incorporated into their programs and services.

Pending additional funding, the two semesters of course work will be distributed to other jurisdictions, using distance education methods currently available via University Extension, University of Regina. These include audio-visual broadcasts through the Saskatchewan Communications Network, Audio-Visual Services and University Extension, University of Regina. There are 69 post-secondary sites in the province where communications can be organized with participants. The participants would see and hear the facilitator on the television screen and would be able to call in questions or comments by telephone or by fax. It would be feasible to consider designing the modules for broadcast. Participants would work on other parts of the course through correspondence or with a local facilitator. Audio conferences are another distance education delivery possibility through University Extension. Using this method, participants would be able to speak to each other in up to four sites.

APPENDIX 1

Working Group Members:

Wilma Matheson (Chairperson of Seniors Serving Seniors): MA Nursing; former Vice Principal of Wascana Institute.

Dr. Pat Hutchison, M.D.: former Medical Health Officer for the City of Regina, Sask.

Bill Spence: former Manager, Saskatchewan Telecommunications (SaskTel); life member of Telephone Pioneers of America; Board of Directors, Sask. Sport 1986-1992.

Norman Lorenz: former Manager, Saskatchewan Telecommunications; life member of Telephone Pioneers of America.

Bob Ellis: Past President of Seniors' University Group Inc.; retired solicitor for the Saskatchewan Health Department.

Marion Brown: former Provincial Standards Consultant in Nutrition; Sask. Representative of Consultant Dieticians of Canada.

Marjorie Wesson: Board member of Seniors' University Group, Inc.; retired secretary; writer and singer.

Irene Lodge: President of SUG, Inc.; UNICEF volunteer for 25 years; Co-chairperson of the International Year of the Child Provincial Committee.

Mary Weber: current Psychiatric Nurse; former Psychiatric Nurses Provincial Council member; former Wascana Home Care Board member.

Arvey Hanowski: consultant; Professor, Faculty of Social Work, University of Regina.

Dr. Laura Taylor: consultant; Associate Professor, Faculty of Social Work, University of Regina.

APPENDIX 2

Description and History of the Organization

The Seniors' University Group Inc. is a non-profit organization consisting of about 800 persons, 55 years of age and over, actively participating in the Seniors' Education Centre at University Extension, University of Regina.

Seniors' University Group Inc. volunteers participate with University Extension staff in the operation of this Centre. The Centre offers non-credit courses on subjects requested by the seniors such as history, creative writing, art, computer science, music appreciation, literature, and languages.

The Seniors' University Group participates with University staff in the preparation of the Centre's annual budget and assumes a significant responsibility for some of the Centre's annual revenues.

The University of Regina has been generously allocated space, staffing and a number of program support services. In the last few years, the Centre has conducted projects of interest or concern to older adults, including elder abuse prevention studies, the production of videos describing issues of concern to elderly women, and the problems related to caregiving. These outreach projects are carried out with working committees or advisory committees of older adults and contractual project staff. Funding for these projects, including the hiring of staff, comes from sources external to the University. The *Seniors Serving Seniors: Volunteers Promoting Healthy Aging* is one of these projects.

APPENDIX 3

Organizations & Agencies Contacted for the Survey

Alzheimer Association of Saskatchewan

Alan Blair Cancer Clinic

Family Service Bureau

Regina Community Clinic

Heart and Stroke Foundation of Saskatchewan

Home Economics for Living Project

Saskatchewan Safety Council

The Arthritis Society, Saskatchewan Division

Canadian Red Cross

Senior Citizens Service of Regina

Physical Activity Centre, University of Regina

Senior Power Inc.

Saskatchewan Senior Fitness Association

Family YMCA of Regina

YWCA of Regina

Regina Council on Aging

Wascana Home Care

Community Health Division, Regina

Regina Assessment and Placement Service

Circle Project

Saskatchewan Abilities Council

William Booth Adult Day Care Program

Regina Pioneer Village Adult Day Care

Voice of the Handicapped

Disabled Women's Network

Canadian Mental Health Association, Regina Branch

Canadian Mental Health Association, Saskatchewan Division

Regina Mental Health Clinic

Immigrant Women of Saskatchewan

Regina Palliative Care

United Way of Regina

Extendicare/ Parkside

Extendicare/ Sunset

Extendicare/ Rae

Extendicare Regional Office

Lumsden & District Heritage Home

Martin Luther Home

Mutchmor Lodge/Housing

Long Lake Valley Integrated Facility

Pioneer Village Ltd.

Qu'Appelle House

Regina Lutheran Homes

Santa Maria Senior Citizens Home

William Booth Special Care Home

Cupar & District Nursing Home Inc.

Victorian Order of Nurses

Saskatchewan Deaf and Hard of Hearing Services

Department of Veterans Affairs

Open Door Society

Regina Housing Authority

Regina Heart Healthy Partners

Long Term Care, Regina Health District

Hospitals, Regina Health District

Social Work, Regina Health District

Canadian National Institute for the Blind

APPENDIX 4

Results of the Questionnaire Survey: Curriculum Components

In the survey, the Seniors Serving Seniors working group asked agencies and organizations to rank different curriculum components as follows:

5 = essential as a main component of the training program
4 = should be included as a part of the training program
3 = could be a small part of the training program
2 = could be mentioned, but is not important to the training program.
1 = should not be a part of the training program

The following curriculum components were given a 5 or a 4 (indicating that this was an important part of the curriculum) by agencies participating in the survey. Sometimes, if agencies were not working in the area mentioned, they left questions relating to training blank.

In the area of general health education:
information on good nutrition: 72%
knowledge of community agencies: 70%
basic information on exercise: 66%
health promotion theory: 62%
basic first aid: 57%
cross cultural education: 56%
home safety: 49%
social learning (behaviour change) theory: 47%
aspects of Aboriginal health: 45%
health reform (changes to the health system): 36%

In the areas of peer counselling:
how to adjust to the changes in aging: 78%
communication skills: 72%
assurance of confidentiality: 74%
when and how to make referrals: 72%
psychological changes in aging: 70%
education about coping with loss: 68%
self esteem aspects of wellness: 66%
physiological changes in aging: 64%
legal aspects (liability): 51%
drug and alcohol abuse: 49%
conflict mediation: 44%
co-dependency issues: 36%

In the area of heart health:
healthy habits: 68%
risk factors for heart disease: 64%
information about diabetes: 53%
blood pressure screening: 49%
advocacy for a healthy community/city: 41%
basic anatomy and physiology: 34%
medical terminology: 30%

Although the working group is not sure whether education about service provision (such as respite care), should be a part of the course, the questionnaire survey data is included below.

For service provision such as respite and palliative care:
appropriate activities for cognitively impaired people: 47%
basic care and feeding of cognitively impaired clients: 44%
knowledge of cognitively impaired clients: 42%
back care, and how to transfer clients from bed to chair: 41%
ethical responsibilities: 36%
home safety: 34%
basic first aid: 34%
C.P.R.: 26%
legal aspects of care: 26%
administration of medications: 24%

APPENDIX 5

Comments about the Seniors Serving Seniors Project from the Questionnaire Survey

"We realize the need for, and would be willing to work with, this group to achieve their goals."

"We see a need for good group facilitator skills for the volunteers. Seniors can tend to be 'passive' learners; however, learning of real value ought to involve the learner actively as participants & co-educators in a group setting."

"Content must be reflected in process. For example, health promoters must, themselves, be healthy and so must the organization that directs them (in) the breadth of training required and range of health promotion educational offerings possible."

"I think this is an excellent idea. Older adults are basically an untapped resource. All of above would have to be negotiated with [the Union], Board and Management."

"This is a very interesting concept. Once it is evaluated I would like to bring this forth to our Board. This process may be very valuable for us as an organization when dealing with low-income seniors."

"Excellent idea – many of our clients are seeking someone more their own age with whom to communicate."

"Our organization consists of volunteers, therefore, direct supervision and orientation may be difficult."

"I think it's a great idea. It would promote wellness and independence from institutional care."

"This is a good program which would be consistent with health reform – seniors are an under-utilized resource."

"Mental health is an area that should not be neglected – a large number of our elderly suffer from some form of mental illness."

"Survey volunteers as to languages spoken. [Talk about]...racism...cross-cultural experience."

"Could be very useful in working with and visiting older adults...peers! Would need a lot of training (or professional background) to do many of the suggested services."

"Please try to avoid duplication. One of your first projects might be to catalogue existing resources and then proceed to see how you can supplement and enhance or design volunteer programs....Could use volunteer coordinators to train new volunteers."

"Tremendous potential – very supportive of this program."

"The peer counsellor could become a part of our inter-disciplinary team conference – a team which focuses upon the resident, but draws upon different talents and skills of...members."

"Blood pressure screening and medication administration...is not so useful or important."

"This is a good idea and could very well supplement the present shortage of health education funds and staff. This program could also lead to ongoing support groups being established in the community."

"We would hope to use volunteers through a referral to another agency. This would allow our clients to make choices about the service/service provider."

"Please focus on making the training cultural sensitive and value free of cultural differences."

"I see older adults as being very important in areas of group work, peer counselling, forming drug and alcohol "anonymous" groups, etc. They would need to be trained – either professionals in the fields, or go through a training course...and there would need to be good coordination. All referrals we make would only be done with the permission of the client and strict confidentiality would need to be adhered to. This is an excellent idea. I hope that a service materializes. There is very little for seniors."

"An advocacy group for seniors in special care/long term care/private care homes is needed. This group needs to have a link to the government."

APPENDIX 6

University of Regina Seniors' Education Centre Study

THE UNIVERSITY OF REGINA SENIORS' EDUCATION CENTRE STUDY ON THE NEEDS, USES, AND TRAINING OF OLDER ADULTS (AGES 55 AND UP) AS VOLUNTEER HEALTH PROMOTERS.

The University of Regina's Seniors' Education Centre is interested in finding out if your agency or organization requires older adults trained in various aspects of health promotion, health education, and supportive health care skills. The role of these trained older adults would be to work with the participants of your programs and services in their homes, or in agency settings.

Please answer yes or no to the following questions:

1. **Does your agency/organization currently use older adults as volunteers?**

   YES NO
   ( ) ( )

2. **Do your older adult volunteers provide:**

   YES NO
   ( ) ( ) health education about various diseases

   ( ) ( ) nutritional information or help with meal planning

   ( ) ( ) leadership for exercise or activity groups

   ( ) ( ) peer counselling

   ( ) ( ) respite care

   ( ) ( ) palliative care

   ( ) ( ) home help i.e. repairs or homemaking

   ( ) ( ) friendly visiting

   ( ) ( ) transportation

   ( ) ( ) Other, please specify

3. **Do you think that your agency or organization might be able to use the services of older adult volunteers trained in various aspects of health promotion?**
YES NO
( ) ( )

If the respondent answered NO, to the last question, thank them for their input and time in answering these questions.

For those respondents answering YES, make an appointment to administer the questionnaire survey.

The Senior's Education Centre of the University of Regina is conducting a questionnaire survey with health agencies and organizations in the Regina Health District. The study will determine whether Regina health related agencies and groups can use the services of older adults trained to work with other seniors in health education and health promotion.

4. **Based on your current programming needs, within the next three years, would you be able to use trained older adults to:**

( ) facilitate health education with other older adults to learn how to stay healthy while aging.

( ) facilitate health education to help other older adults learn about and cope with specific diseases.

( ) provide nutritional education.

( ) provide leadership in exercise programs for and with individuals or groups.

( ) provide help with literacy needs.

( ) provide help with advocacy.

( ) provide support for elder abuse victims.

( ) provide respite care.

( ) provide palliative care.

( ) provide transportation.

( ) provide homemaking (light) or light home repairs

( ) provide peer counselling.

( ) other, please specify _____

5. **The volunteer peer counsellor might be referred by agencies/organizations in the community to an older adult, or work with an agency/organization to carry out its mandate: If you could use trained peer counsellors, would you:**

( ) use peer counsellors to carry out your agency/organization's work, or:

( ) refer older adults from your agency/organization to the peer counsellors.

6. **If you could use trained older adults for respite care in your agency, approximately how many families currently need respite service?** _____

7. **The last section concerns the requirements for training seniors to work as volunteer health promoters with your agency/organization. We would ask you to respond to this part of the survey now by filling in the responses yourself.**

The following are lists of curriculum components which could be a part of a training program for older adults to work as volunteer health promoters or tutors in different health areas. You can respond to all areas or just the areas in which your agency or organization might use older adults as volunteer health promoters or peer counsellors.

Please rank the components in each area according to the following scale:

5 = essential as a main component of the training program.

4 = should be included as part of the training program.

3 = could be a small part of the training program.

2 = could be mentioned, but is not important to the training program.

1 = should not be a part of the training program.

1). **In the area of general health education:**

____ basic first aid

____ home safety

____ cross cultural education

____ aspects of First Nations Health (aboriginal health)

____ information on good nutrition

____ basic information on exercise

____ basic theory of health promotion

____ Social Learning Theory (behavior change theory)

____ changes to the health system (health reform)

____ knowledge of community agencies

____ other skills areas such as:

_____

_____

2). **In the area of peer counselling:**

____ communication skills

____ assurance of confidentiality

____ conflict mediation

____ self esteem aspects of wellness

____ co-dependency issues

____ drug and alcohol abuse

____ physiological changes in aging

____ psychological changes in aging

____ how to adjust to the changes of aging

____ education about grieving and coping with loss

____ legal aspects (liability)

____ when and where and how to make appropriate referrals to agencies and organizations.

____ other skills such as:

_____

_____

3). **Heart health (promotion of a healthy lifestyle to prevent cardiovascular disease):**

____ medical terminology

____ basic anatomy and physiology

____ healthy habits to promote optimum health

____ risk factors for heart disease

____ blood pressure screening

____ information about diabetes

____ advocacy for a healthy community/city

____ other skills such as:

_____

_____

4). **For service provision such as respite and palliative care:**

____ home safety

____ basic first aid

____ cardiopulmonary resuscitation

____ back care, and how to transfer clients (as from chair to bed)

____ legal aspects (transfer of function, etc.)

____ administration of medications (as a transfer of nursing function)

____ knowledge about cognitively impaired clients

____ appropriate activities for cognitively and physically impaired people.

____ basic care and feeding of cognitively impaired persons

____ ethical responsibilities

____ other skills areas such as:_____

_____

8. **Regarding training of the volunteers, would your agency/organization be willing:**

YES	NO	
( )	( )	to be involved in designing and planning the proposed training program with the Seniors Education Centre Staff?
( )	( )	to provide a teaching session?
( )	( )	to give a series of training seminars?
( )	( )	to serve as a resource person?
( )	( )	to provide some resources i.e. pamphlets, lend videos.
( )	( )	other, please specify _____

9. **Is it important that the senior volunteer completing the course:**

YES	NO	
( )	( )	obtain a certificate of attendance from the University of Regina, Seniors Education Centre.
( )	( )	have a valid first aid certificate
( )	( )	have a C.P.R. certificate
( )	( )	have a valid driver's license
( )	( )	know computer programs such as:

_____

_____

10. **How many trained older adult health promoters could your agency/organization use as volunteers (per year)?**

_____

11. What time commitment would you expect of these senior volunteers?

	Weekly	Every 2 Weeks	Monthly	Every 2-3months
1-3 hr	( )	( )	( )	( )
4-6 hr	( )	( )	( )	( )
7-9 hr	( )	( )	( )	( )
10-12 hr	( )	( )	( )	( )
12+ hr	( )	( )	( )	( )

12. What would your agency be able to provide for the older adult volunteers?

YES	NO	
( )	( )	office space, an area to work in.
( )	( )	supervision/ feedback/ back-up support
( )	( )	supplies for activities
( )	( )	travel expenses
( )	( )	other, please specify

_____

_____

13. Do you have any additional comments about the use of or training of older adults as volunteers in health promotion?

_____

_____

_____

_____

14. Did this questionnaire provide you with any new ideas or information?

YES	NO
( )	( )

If so, please specify _____

APPENDIX 7

Contact Information

If you would like more information about the feasibility study, or if you are interested in receiving the results of the study, please contact:

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